

Thy Kingdom Come, Inc. and *Prophecy Watch* Television

7301 E. 14th St. Tulsa, OK 74112; tkc@prophecywatch.com www.prophecywatch.com 918-835-6978 Fax—918-835-6978

Phillip Goodman, President

Dr. Charles L. Pack, Founder and President Emeritus

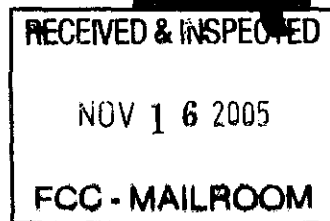
C6B-CC-0008



FCC

November 10, 2005

Attn: Secretary's Office
Closed Captioning
445 12th Street SW
Washington, DC 20554



RE: Request for exemption from Commission's Closed Captioning Rules

Greetings:

Thy Kingdom Come, Inc., ministries produces a weekly television program called Prophecy Watch. We respectfully request submit this petition requesting exemption from the closed captioning requirements under Section 79.1 of the Commission's rules, 47 C.F.R. & 79.1.

We believe Thy Kingdom Come, Inc. qualifies for this exemption for the following reason:

Part 79.1 Section (D)

Item (12) Our annual gross revenues are less than \$3-million. Our complete Form 990 for the year 2004 is enclosed.

Thank you for your kind consideration.

Respectfully yours,

Phillip Goodman, president
tkc@prophecywatch.com
918-835-6978
Thy Kingdom Come, Inc.
7301 E. 14th St.
Tulsa, OK 74112

Watch the Prophecy Watch Television program with hosts Dr. Charles L. Pack and Phillip Goodman
Mondays, 4:30 EST at Angel One on the Sky Angel satellite system **anywhere in the U.S.!**
Tulsa—Sundays, 7:30 pm, Cable 7/Channel 47 **Milwaukee**—Saturdays 8 pm, Mondays 11:30 pm, Channel 30
Worldwide: www.prophecywatch.com and The Prophecy Channel www.prophecyinthenews.com

Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2004**Open to Public Inspection****A** For the 2004 calendar year, or tax year beginning **MAY 1**, 2004, and ending **APRIL 30**, 20 **05**

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

THY KINGDOM COME INC

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

7301 E 14TH ST

City or town, state or country, and ZIP + 4

TULSA OK 74112-6707

D Employer identification number

73 0976915

E Telephone number

()

F Accounting method: ☒ Cash ☐ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**G** Website: ▶ <http://www.thykingdomcometulsa.com>**J** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**M** Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 249182**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	225105		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 225104 noncash \$)	1d	225104		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5	4373		
	6a	Gross rents	6a			
b	Less: rental expenses	6b				
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe ▶)	7				
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	5103	8a	
	b	Less: cost or other basis and sales expenses	4988	8b		
	c	Gain or (loss) (attach schedule)	115	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	115	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>				
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
Revenue	10a	Gross sales of inventory, less returns and allowances	10a	14602		
	b	Less: cost of goods sold	10b	6147		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	8455		
Revenue	11	Other revenue (from Part VII, line 103)	11			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	238047		
Expenses	13	Program services (from line 44, column (B))	13	191482		
	14	Management and general (from line 44, column (C))	14	15951		
	15	Fundraising (from line 44, column (D))	15	31632		
	16	Payments to affiliates (attach schedule)	16	0		
	17	Total expenses (add lines 16 and 44, column (A))	17	239065		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-1018		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-180950		
	20	Other changes in net assets or fund balances (attach explanation)	20			
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-181968		

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	54224	48000	1706
26	Other salaries and wages	26	37342	26692	7539
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	8535	6849	975
30	Professional fundraising fees	30			
31	Accounting fees	31	1495	1196	299
32	Legal fees	32	195	156	39
33	Supplies	33	2642	2148	494
34	Telephone	34	1516	1218	301
35	Postage and shipping	35	7082	5666	1416
36	Occupancy	36	3743	2994	749
37	Equipment rental and maintenance	37	3062	2456	606
38	Printing and publications	38	61673	61673	
39	Travel-INSURANCE	39	17723	17113	610
40	Conferences, conventions, and meetings	40	24772	1480	
41	Interest	41	1783	1783	
42	Depreciation, depletion, etc. (attach schedule)	42	3853	3082	771
43	Other expenses not covered above (itemize): a SUBS	43a	90	90	
b	LITERATURE & TAPES	43b	4869	4869	
c	LABOR/OUTSIDE SVC	43c	1745	1745	
d	MEALS/ENTERTAINMENT	43d	489	489	
e	BANK & CREDIT CARD FEES	43e	2232	1786	446
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	239065	191482	15951
					31632

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? TEACHING BIBLE PROPHECY		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	6000 PRINTINGS OF PROPHETIC PUBLICATIONS & PROPHETIC WRITINGS- 3016 PROPHETIC CONFERENCE ATTENDEES-WEBSITE-TV PROGRAM TO ANSWER QUESTIONS & EXPLAIN BIBLE PROPHECY (Grants and allocations \$ _____)	191482
b	_____ (Grants and allocations \$ _____)	
c	_____ (Grants and allocations \$ _____)	
d	_____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	191482

Part IV Balance Sheets (See page 25 of the instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
Assets	45 Cash—non-interest-bearing	15407	45	17620
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	6862	52	6466
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	176782	54	135017
	55a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a	118528		
b Less: accumulated depreciation (attach schedule)	57b	95284	57c	
58 Other assets (describe ►)	23714	58	23244	
59 Total assets (add lines 45 through 58) (must equal line 74)	222765	59	182347	
Liabilities	60 Accounts payable and accrued expenses	76115	60	51215
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	316600	64b	302100
	65 Other liabilities (describe ►)	11000	65	11000
66 Total liabilities (add lines 60 through 65)	403715	66	364315	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	-180950	72	-181968
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	-180950	73	-181968
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	222765	74	182347

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	238047
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4) ▶	b	0
c	Line a minus line b ▶	c	238047
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990. . . \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2) ▶	d	0
e	Total revenue per line 12, Form 990 (line c plus line d). ▶	e	238047

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . . . ▶	a	239065
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990. . . . \$		
(3)	Losses reported on line 20, Form 990. . . \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4) ▶	b	0
c	Line a minus line b ▶	c	239065
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990. . . \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2) ▶	d	0
e	Total expenses per line 17, Form 990 (line c plus line d). ▶	e	239065

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CHARLES PACK 13211 E 46 ST TULSA OK	PRESIDENT-RETIRED	18224	0	0
PHILLIP GOODMAN 205 W 34 PL SAND SPRINGS OK	ACTING PRESIDENT 100%	36000	0	0
HAROLD BRADFORD RT 1 BOX 317 TERLTON OK	TRUSTEE NONE			
DELBERT BOOS 3772 S 90th E AVE TULSA OK	TRUSTEE NONE			
TOM BROCK 10647 E 1st CLAREMORE OK	TRUSTEE NONE			
ROBERT FISHER 10167 E 23rd ST TULSA OK	TRUSTEE NONE			
MICHAEL GOODFELL 1581 N LAKESIDE RIDGE SANDSPRINGSOK	TRUSTEE NONE			
ALTON HARRISON 708 BROADMOOR DR MOUNTAINHOME AR	TRUSTEE NONE			
MICHAEL HENRY 3655 S LEWIS TULSA OK	TRUSTEE NONE			
PERRY WATSON 1101 MURRAY CREEK LN FRANKLIN TN	TRUSTEE NONE			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . .		X
b If "Yes," enter the name of the organization ► and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions		
b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members.		
d Section 162(e) lobbying and political expenditures.		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.		
f Taxable amount of lobbying and political expenditures (line 85d less 85e).		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.		
b Gross receipts, included on line 12, for public use of club facilities		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ►		
90a List the states with which a copy of this return is filed ► OKLAHOMA		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	8	
91 The books are in care of ► C.A.T.S. INC. Telephone no. ► (918) 838-2051 Located at ► 6346 E. 4th ST. TULSA OK ZIP + 4 ► 74112-1706		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here. and enter the amount of tax-exempt interest received or accrued during the tax year ► 92		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.**93** Program service revenue:

- a _____
 b _____
 c _____
 d _____
 e _____

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments**95** Interest on savings and temporary cash investments**96** Dividends and interest from securities**97** Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property**99** Other investment income**100** Gain or (loss) from sales of assets other than inventory**101** Net income or (loss) from special events**102** Gross profit or (loss) from sales of inventory**103** Other revenue: a _____

b _____

c _____

d _____

e _____

104 Subtotal (add columns (B), (D), and (E))**105** Total (add line 104, columns (B), (D), and (E))**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN (See Gen. Inst. W)

Firm's name (or yours if self-employed), address, and ZIP + 4

C.A.T.S. INC.

EIN

73 : 1406536

6346 E 4th ST

TULSA OK 74112

Phone no. : (918) 838-2051

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2004

Name of the organization

THY KINGDOM COME INC

Employer identification number

73 : 0976915

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1

X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a** Sale, exchange, or leasing of property? **2a** X
- b** Lending of money or other extension of credit? **2b** X
- c** Furnishing of goods, services, or facilities? **2c** X
- d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **2d** X
- e** Transfer of any part of its income or assets? **2e** X

SEE PART V, FORM 990

- 3a** Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) **3a** X
- b** Do you have a section 403(b) annuity plan for your employees? **3b** X
- 4a** Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? **4a** X
- b** Do you provide credit counseling, debt management, credit repair, or debt negotiation services? **4b** X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives: **(1)** more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2)** no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	201273	145420	122644	105383	574720
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	35550	33219	42712	56903	168384
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4010	5314	6586	8216	24126
19 Net income from unrelated business activities not included in line 18.	8763	22058	33109	35247	99177
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	249596	206011	205051	205749	866407
24 Line 23 minus line 17	214046	172792	162339	148846	698023
25 Enter 1% of line 23	2496	2060	2051	2057	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	13960
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	155548
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	698023
d Add: Amounts from column (e) for lines: 18 24126 19 99177 22 0 26b 155548	26d	278851
e Public support (line 26c minus line 26d total)	26e	419172
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	60 %

7 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2003) (2002) (2001) (2000)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2003) (2002) (2001) (2000)

c Add: Amounts from column (e) for lines: 15 16 17 20 21	27c	
d Add: Line 27a total, and line 27b total	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

8 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	The lobbying nontaxable amount is—		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41).	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash	51a(i)	X
(ii) Other assets	a(ii)	X
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
(iii) Rental of facilities, equipment, or other assets	b(iii)	X
(iv) Reimbursement arrangements	b(iv)	X
(v) Loans or loan guarantees	b(v)	X
(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

THY KINGDOM COME INC

Employer identification number

73 0976915

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☒ 501(c)(3) (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33⅓% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

THY KINGDOM COME INC

Employer identification number

73 : 0976915

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HARRY HINES TRADING CO P O BOX 470366 TULSA OK 74147	\$ 22000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	STANFORD LANE 6991 S OSWEGO TULSA OK 74136	\$ 5000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LORRAINE PAULUS 11600 RANCHITOS ROAD N.E. ALBUQUERQUE NM 87122	\$ 10000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CHARLES PACK 13211 E 46th ST TULSA OK 74134	\$ 12677	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	GEORGE SANDERS 2026 WILMA ST FT. MYERS FL 33901	\$ 5000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2004Attachment
Sequence No. **67**

Name(s) shown on return

THE KINGDOM COME INC

▶ See separate instructions.

▶ Attach to your tax return.

Business or activity to which this form relates

FORM 990

Identifying number
73-0976915**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	\$102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$410,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions.	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	1691
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	1830
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1583	5YR	HY	200DB	317
c 7-year property		108	7YR	HY	200DB	15
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see page 8 of the instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	3853
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2004)

THY KINGDOM COME, INC.
ATTACHMENT TO FORM 990
FYE 4-30-05

73-0976915

PAGE 3, PART IV, LINE 54, INVESTMENTS:
EDWARD JONES & CO

\$135,016.95

TOTAL INVESTMENTS

\$135,016.95

PAGE 3, LINE 64, NOTES PAYABLE-INDIVIDUAL (GDA):

MRS. S.C. BUEHRENS	\$1,000.00
JUANITA BURENHEIDE	\$10,000.00
LLOYD HAYES	\$9,000.00
RALPH HODDE	\$1,000.00
ROBERT HOWARD	\$6,600.00
ALMA LEHMAN	\$1,000.00
FLOYD MILLER	\$1,000.00
MARGARET NELSON	\$40,000.00
VERA OVERALL	\$1,000.00
CHARLES PACK	\$231,500.00

TOTAL NOTES PAYABLE

\$302,100.00

PAGE 3, LINE 65, ANNUITIES PAYABLE:

JUANITA BURENHEIDE	\$10,000.00
DAISY STEIN	\$1,000.00

TOTAL ANNUITIES PAYABLE

\$11,000.00

PAGE 1, LINE 8:

SALE OF ASSETS

	BASIS	SELL PRICE	DIFF
GALLAGHER	\$3,454.10	\$3,548.78	\$94.68
STRUCTURED MTG	\$979.33	\$1,000.00	\$20.67
FED NATL MTG PRIN	\$554.15	\$554.15	
TOTALS	\$4,987.58	\$5,102.93	\$115.35

Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))For calendar year 2004 or other tax year beginning MAY 1, 2004, and ending APR. 30, 2005.
▶ See separate instructions.

OMB No. 1545-0687

2004**A** ☐ Check box if address changed**B** Exempt under section

- ☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year
182347Please
Print or
TypeName of organization (☐ check box if name changed and see instructions)

THY KINGDOM COME INC

Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.)

7301 E 14th ST

City or town, state, and ZIP code

TULSA OK 74112

D Employer identification number
(Employees' trust, see instructions for Block D on page 7.)

73 : 0976915

E New unrelated bus. activity codes
(See instructions for Block E on page 7.)

445200 :

F Group exemption number (see instructions for Block F on page 7) ▶**G** Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Describe the organization's primary unrelated business activity. ▶ SALE OF HEALTH DRINK**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶**J** The books are in care of ▶ C.A.T.S. INC 6346 E 4th ST TULSA Telephone number ▶ (918) 838-2051**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>14602</u>			
b Less returns and allowances			
c Balance ▶	1c 14602		
2 Cost of goods sold (Schedule A, line 7)	2 6147		
3 Gross profit (subtract line 2 from line 1c)	3 8455		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (see page 9 of the instructions—attach schedule)	12		
13 Total (combine lines 3 through 12)	13 8455		8455

Part II Deductions Not Taken Elsewhere (See page 9 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	6065
16 Repairs and maintenance	16	10
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	652
20 Charitable contributions (see page 11 of the instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	106
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	1584
29 Total deductions (add lines 14 through 28)	29	8417
30 Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)	30	38
31 Net operating loss deduction	31	21478
32 Unrelated business taxable income before specific deduction (subtract line 31 from line 30)	32	-21440
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1000
34 Unrelated business taxable income (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32.	34	0

Part III Tax Computation**35 Organizations Taxable as Corporations** (see instructions for tax computation on page 12).Controlled group members (sections 1561 and 1563)—check here ☐. **See instructions** and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) additional 5% tax (not more than \$11,750) \$

(2) additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 ▶**35c** 0**36 Trusts Taxable at Trust Rates** (see instructions for tax computation on page 13). Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶**36****37 Proxy tax** (see page 13 of the instructions) ▶**37****38 Alternative minimum tax****38****39 Total** (add lines 37 and 38 to line 35c or 36, whichever applies)**39** 0**Part IV Tax and Payments****40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)**40a****b** Other credits (see page 14 of the instructions)**40b****c** General business credit—Check here and indicate which forms are attached:☐ Form 3800 ☐ Form(s) (specify) ▶**40c****d** Credit for prior year minimum tax (attach Form 8801 or 8827)**40d****e** **Total credits** (add lines 40a through 40d)**40e** 0**41** Subtract line 40e from line 39**41****42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)**42****43** **Total tax** (add lines 41 and 42)**43** 0**44a** Payments: A 2003 overpayment credited to 2004**44a****b** 2004 estimated tax payments**44b****c** Tax deposited with Form 8868**44c****d** Foreign organizations—Tax paid or withheld at source (see instructions)**44d****e** Backup withholding (see instructions)**44e****f** Other credits and payments: ☐ Form 2439☐ Form 4136 ☐ Other Total ▶**44f****45** **Total payments** (add lines 44a through 44f)**45****46** Estimated tax penalty (see page 4 of the instructions). Check ☐ if Form 2220 is attached**46****47** **Tax due**—If line 45 is less than the total of lines 43 and 46, enter amount owed ▶**47** 0**48** **Overpayment**—If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶**48** 0**49** Enter the amount of line 48 you want: **Credited to 2005 estimated tax** ▶**Refunded** ▶**49** 0**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 15.)**1** At any time during the 2004 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?Yes No
X

If "Yes," the organization may have to file Form TD F 90-22.1. If "Yes," enter the name of the foreign country here ▶

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see page 15 of the instructions for other forms the organization may have to file.Yes No
X**3** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$**Schedule A—Cost of Goods Sold** — Enter method of inventory valuation ▶ **COST****1** Inventory at beginning of year**1** 1331**2** Purchases**2** 5751**3** Cost of labor**3****4a** Additional section 263A costs (attach schedule)**4a****b** Other costs (attach schedule)**4b****5** **Total**—Add lines 1 through 4b**5** 7082**6** Inventory at end of year**6** 935**7** **Cost of goods sold.** Subtract line 6 from line 5. (Enter here and on line 2, Part I.)**7** 6147**8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?Yes No
X**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date 9-09-05

Title president

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid****Preparer's Use Only**

Preparer's signature

Aletia Knapp

Date

9-9-05

Check if self-employed ☐

Preparer's SSN or PTIN P00030648

Firm's name (or yours if self-employed), address, and ZIP code

C.A.T.S. INC.

6346 E 4th ST

TULSA OK 74112

EIN 73-1406536

Phone no. (918) 838-2051

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(See instructions on page 16.)

1 Description of property

(1)	
(2)	
(3)	
(4)	

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.) ▶

Total deductions. Enter here and on line 6, column (B), Part I, page 1. ▶

Schedule E—Unrelated Debt-Financed Income (See instructions on page 17.)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on line 7, column (A), Part I, page 1.	Enter here and on line 7, column (B), Part I, page 1.

Totals. ▶

Total dividends-received deductions included in column 8 ▶

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 18.)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on line 8, Column (A), Part I, page 1.

Add columns 6 and 11. Enter here and on line 8, Column (B), Part I, page 1.

Totals ▶

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization

(See instructions on page 18.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on line 9, column (A), Part I, page 1.			Enter here and on line 9, column (B), Part I, page 1.

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income

(See instructions on page 18.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on line 10, col. (A), Part I, page 1.	Enter here and on line 10, col. (B), Part I, page 1.				Enter here and on line 26, Part II, page 1.

Schedule J—Advertising Income (See instructions on page 19.)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on line 11, col. (A), Part I, page 1.	Enter here and on line 11, col. (B), Part I, page 1.				Enter here and on line 27, Part II, page 1.

Schedule K—Compensation of Officers, Directors, and Trustees (See instructions on page 19.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total—Enter here and on line 14, Part II, page 1.			

THY KINGDOM COME, INC. 73-0976915
ATTACHMENT TO FORM 990-T
FYE 4-30-05

OTHER DEDUCTIONS, PAGE 1, LINE 28:

OFFICE	\$8.00
UTILITIES	\$142.00
POSTAGE/FREIGHT	\$213.00
BANK/CREDIT CARD FEES	\$848.00
EQUIPMENT RENT	\$82.00
PROFESSIONAL	\$20.00
SECURITY	\$12.00
SPEAKERS	\$207.00
LABOR	\$52.00
TOTAL DEDUCTIONS	\$1,584.00

NET OPERATING LOSS		BALANCE
1998 (4-30-99)	\$3,095.00	
1999 (4-30-00)	(\$1,776.00)	\$1,319.00
2000 (4-30-01)	(\$1,013.00)	\$306.00
2001 (4-30-02)	\$1,799.00	\$2,105.00
2002 (4-30-03)	(\$9,610.00)	(\$7,505.00)
2003 (4-30-04)	(\$13,973.00)	(\$21,478.00)
2004 (4-30-05)	\$38.00	(\$21,440.00)
NOL CARRYOVER TO 2005	(\$21,440.00)	

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

Section 501(c) of the IRS Code

Tax Year 2004
FORM 512E

For the year January 1 - December 31, or other taxable year beginning MAY 1, 2004 ending APRIL 30, 2005.

Name of Organization
THY KINGDOM COME INC

Address (number and street)
7301 E 14th ST

City, State and Zip
TULSA OK 74112

Federal Identification Number
7 3 0 9 7 6 9 1 5

Date Qualified for Tax Exempt Status
12-3-75

OFFICE USE ONLY

Enter the name and address used on your return for prior year (if same, write "same"). If none filed, give reason.

SAME

STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME (Please read instructions on the back of this form)

	Total Federal	Allocable Oklahoma
A. Total unrelated trade or business income - Federal Form(s) 990	8455	8455
B. Total unrelated trade or business deductions - Federal Form(s) 990 ..	29895	29895
C. Unrelated business tax income - Enter here and on line 1 below	-21440	-21440

INCOME SUBJECT TO TAX

1. Unrelated business taxable income - from statement above (allocable Oklahoma)	1	0	00
2. Other net income - enclose schedule	2		00
3. Oklahoma taxable income (total of lines 1 and 2)	3	0	00

TAX COMPUTATION

4. Tax at 6% of Line 3 (If Trust - See Rate Schedule on back)	4	0	00
5. Amount paid on 2004 estimate	5		00
6. Oklahoma withholding (enclose Form 1099, Form 500A or other withholding statement)	6		00
7. Add lines 5 and 6 and enter amount	7	0	00
8. Overpayment (if line 7 is larger than line 4 enter amount overpaid)	8		00
9. Amount of Line 8 to be credited to the following year estimated tax	9		00
Line 10 provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Please place the line number of the organization, from the instructions to this form, in the oval below. If you give for more than one organization, please put a "99" in the oval and attach a schedule showing how you would like your donation split.			
10. Donations from your refund <input type="text"/>	10		00
11. Add lines 9 and 10 and enter amount	11		00
12. Amount to be refunded to you (Line 8 minus line 11)Refund	12	0	00
13. Tax due (if line 4 is larger than line 7 enter tax due)Tax Due	13	0	00
14. For delinquent payment, add penalty of 5% _____ plus interest at 1 1/4% per month	14		00
15. Underpayment of estimated tax interest (enclose Form OW-8-P)	15		00
16. Total tax, penalty and interest due - Add lines 13, 14 & 15; pay in full with return Balance	16	0	00

SIGNATURE AND VERIFICATION

Under penalty of perjury, I declare that the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer or Trustee

Print Name

Title

Date

Phone Number with Area Code

Signature of Individual or Firm Preparing this Return *Alvin King*

Print Name **C.A.T.S. INC.**

Address **6346 E 4th ST TULSA OK 74112**

Date **7-9-05**

Phone Number with Area Code **918-838-2051**

Thy Kingdom Come, Inc. and **Prophecy Watch** Television

7301 E. 14th St. Tulsa, OK 74112; tkc@prophecywatch.com www.prophecywatch.com 918-835-6978 Fax—918-835-6978

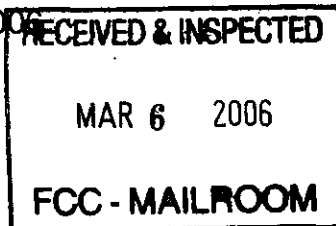
Phillip Goodman, President

Dr. Charles L. Pack, Founder and President Emeritus



FCC
Attn: Secretary's Office
Closed Captioning
445 12th Street SW
Washington, DC 20554

February 22, 2006



Case Identifier Number: ~~CCB-CC-0008~~

RE: Request for exemption from Commission's Closed Captioning Rules, Section 79.1(f)

Attention: Amelia Brown, Senior Attorney, Disability Rights Office,
Consumer & Governmental Affairs Bureau

Dear Mrs. Brown,

Thy Kingdom Come, Inc., ministries produces a weekly television program called Prophecy Watch. We respectfully submit this petition requesting exemption from the closed captioning requirements under Section 79.1(f) of the Commission's rules, based on "undue burden."

We believe Thy Kingdom Come, Inc. qualifies for this exemption for the following reason:

Compliance with the requirements to closed caption video programming would cause an undue financial burden to Thy Kingdom Come Ministries for the following reasons:

1. The media industry rates in Tulsa, Oklahoma for closed caption services for our weekly 30-minute television production are \$350-\$400 per program, or \$18,000-\$20,800 per year for 52 programs.
2. The addition of the closed caption cost would increase our annual expenses by 7-9%. Our 2004 Form 990 (enclosed), line 44, shows our annual expense at \$239,065. Of that amount, 80% (line 44, column B) goes for "program services," with 48% of that amount accounting for salaries, payroll taxes, and health insurance. Television production cost per year is \$24,880. Television air time is \$26,000 per year. The closed caption requirement would increase our annual television cost by 35-41%. With our personnel-intensive cost, we could not afford this kind of financial impact without reducing staff. But with a reduction in staff, we could not provide the level of program services (80% of our total expenses) that is the bedrock of our

Watch the Prophecy Watch Television program with hosts Dr. Charles L. Pack and Phillip Goodman
Mondays, 4:30 EST at Angel One on the Sky Angel satellite system anywhere in the U.S. |
Tulsa—Sundays, 7:30 pm, Cable 7/Channel 47 Milwaukee—Saturdays 8 pm, Mondays 11:30 pm, Channel 30
Worldwide: www.prophecywatch.com and The Prophecy Channel www.prophecyinthenews.com

ministry—including our television program! Please note on our 2004 Form 990, lines 12 and 17, that our Total Expenses exceeded our Total Revenue. Accordingly, on the last sheet of our 990, called "Attachment To Form 990-T," we show a "Net Operating Loss" of \$21,440. You can see that this has been the case for several years running. The reason that the problem has not been even greater is because our former president, Charles Pack, provided loans amounting to \$231,500 over a four-year period via GDAs (i.e., "Gift Deposit Agreements," see "Attachment To Form 990" immediately after Form 4562). With his retirement in October of 2004, this source of revenue ceased.

3. The financial resources available to Thy Kingdom Come are shown on 2004 Form 990 (enclosed), line 12. Any potential accruals from the GDAs and investments shown on "Attachment To Form 990" (immediately after Form 4562) are no longer available to Thy Kingdom. The Trustee Board voted in August of 2005 that any potential income from these would be given to Charles Pack (former president) to satisfy the loans mentioned in #2 above. Thus, our financial resources are limited to contributions. These are at this time insufficient to meet our current obligations.
4. The type of operations of Thy Kingdom Come, Inc., is a 501C-3 Christian Ministry, with a Bible Prophecy and Bible Educational focus concentrated in 8-fold outreach as seen in the enclosed material.

Please note also that we have contacted both our supporters and our stations and professional providers soliciting financial assistance in providing closed caption services. Out of 177 Prophecy Watch Partners (regular monthly supporters) we had only one return with a single payment of \$50. The two responses we received from our stations and professional providers were both negative and are enclosed.

We have considered the possibility of shifting budgeted funds from one area to another to cover closed caption costs. But where would this shift occur? We are already operating at a loss, and I believe it can be clearly seen from the enclosed Form 990 that it would not be a matter of "shifting" program allocations, but of cutting program services/personnel. That is why we are applying for an "undue burden" exemption under Section 79.1(f) of the Commission's rules.

Finally, I want to thank you for your kind consideration.

Respectfully yours,



Phillip Goodman, president
tkc@prophecywatch.com
918-835-6978
Thy Kingdom Come, Inc.
7301 E. 14th St.
Tulsa, OK 74112

**FCC
Letter
Dec. 22, 2005**



Federal Communications Commission
Washington, D.C. 20554

December 22, 2005

Reference: CGB-CC-0008

Phillip Goodman
Thy Kingdom Come, Inc.
7301 E. 14th St.
Tulsa, OK 74112

Dear Mr. Goodman,

The Federal Communications Commission received the petition you filed on behalf of Thy Kingdom Come, Inc. ("Kingdom"), dated November 10, 2005, seeking an exemption from the closed captioning requirements for the program "Prophecy Watch."

The petition states that "Prophecy Watch" should be exempt from the closed captioning rules pursuant to 79.1(d)(12), which exempts "channels producing revenues of under \$3,000,000." Section 79.1(d)(12) states, "[n]o video programming provider shall be required to expend any money to caption any channel of video programming producing annual gross revenues of less than \$3,000,000 during the previous calendar year other than the obligation to pass through video programming already captioned when received pursuant to paragraph (c) of this section." Kingdom seeks an exemption for an individual video program, not a channel of video programming. Therefore, the specific \$3,000,000 general revenue exemption of Section 79.1(d)(12) does not apply to Kingdom's particular circumstances.¹ However, the option of petitioning the Commission for an exemption based on an undue burden found in Section 79.1(f) is available if the petitioner makes the proper showing.

Although you have not sought an exemption from the rules on the basis that being required to close caption would pose an undue burden, we note that Section 79.1(f) of our rules provides a procedure for seeking an exemption on such grounds. The Commission's rule requires that a petition requesting exemption from the closed captioning rules be supported by sufficient evidence to demonstrate that compliance with the requirements to close caption video programming would cause significant difficulty or expense. If the petition does not include information that adequately documents and supports your request for exemption, you will be notified that supplemental information is needed before a decision can be made.

We request that you promptly supplement the petition with information that adequately documents and supports a request for exemption from the closed captioning requirements based on the undue burden provisions in the rule, if you seek such an exemption. Enclosed is a copy of the Commission's closed captioning rules, including Section 79.1(f), which governs the filing and processing of petitions for exemption from the closed captioning requirements under Section

¹ *In the Matter of Maranatha Fellowship Church Video Programming Accessibility, Petition for Waiver of Closed Captioning Requirements*, CSR 6308, Memorandum Opinion and Order, DA 05-1706, 2005 WL 1475352 (Media Bureau June 22, 2005).

79.1(f). Additional information also is available on the web at www.fcc.gov/cgb/dro/caption_exemptions.html.

Please note that your petition remains pending. Pursuant to the Commission's rules, while your petition is pending before the Commission, the video programming that is the subject of the petition is considered exempt from the closed captioning requirements.

Please include the case identifier number CGB-CC-0008 in all correspondence with the Commission regarding this matter.

Please follow the directions found on the above website for mailing or delivering materials to the Commission. Any inquiries regarding this matter should be directed to Amelia Brown at (202) 418-2799 (voice), (202) 418-7804 (TTY), or Amelia.Brown@fcc.gov.

Sincerely,

A handwritten signature in cursive script that reads "Amelia Brown".

Amelia Brown
Senior Attorney
Disability Rights Office
Consumer & Governmental
Affairs Bureau

**Request
For Assistance
On Closed
Captioning**

Thy Kingdom Come, Inc. and **Prophecy Watch** Television

7301 E. 14th St. Tulsa, OK 74112; tkc@prophecywatch.com www.prophecywatch.com 918-835-6978 Fax—918-835-6978

Phillip Goodman, President

Dr. Charles L. Pack, Founder and President Emeritus



Dear Friend of Thy Kingdom Come,

The Federal Communications Commission (FCC) is requiring all television programmers, such as Thy Kingdom Come, to begin adding closed captioning* for the hearing impaired to all programs. Our weekly television program called Prophecy Watch falls under this requirement.

The cost of providing closed captioning would cause sufficient financial hardship to force us off the air, unless we can raise the additional funds to cover the cost. A survey of the closed captioning services available indicates that it will cost us about \$350 per program, or an additional \$18,200 per year for the 52-weekly programs.

Please let us know by January 31st if you can contribute toward this need on a monthly basis. Your assistance with this need is greatly appreciated. There are more people than we realize who have not received the gospel because they cannot "hear" the gospel.

How then shall they call upon Him in whom they have not believed? And how shall they believe in Him whom they have not heard? And how shall they hear without a preacher? (Romans 10:14)

I would appreciate your prompt response since we are under a tight time-line to respond to the FCC. I am very grateful for your kind consideration of the request.

Respectfully yours,

Phillip Goodman, president
tkc@prophecywatch.com
918-835-6978
Thy Kingdom Come, Inc.
7301 E. 14th St.
Tulsa, OK 74112

I Want To Help With The Closed Captioning Needs Of The Hearing Impaired.

I Can Give **MONTHLY** in This Amount \$ _____

Please find enclosed my first **MONTHLY** contribution of \$ _____

Please automatically debit my Gift to my credit card each month.

NAME ON CARD: _____ CARD # _____

ADDRESS _____ EXPIRATION DATE _____

*(closed captioning requirements under Section 79.1 of the
Commission's rules, 47 C.F.R. & 79.1)

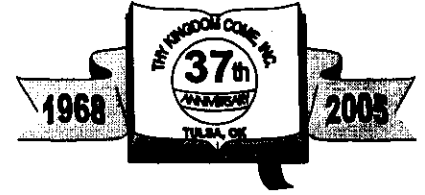
Watch the Prophecy Watch Television program with hosts Dr. Charles L. Pack and Phillip Goodman
Mondays, 4:30 EST at Angel One on the Sky Angel satellite system **anywhere in the U.S. I**
Tulsa—Sundays, 7:30 pm, Cable 7/Channel 47 Milwaukee—Saturdays 8 pm, Mondays 11:30 pm, Channel 30
Worldwide: www.prophecywatch.com and The Prophecy Channel www.prophecyinthenews.com

Thy Kingdom Come, Inc. and *Prophecy Watch* Television

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Phillip Goodman, President

Dr. Charles L. Pack, Founder and President Emeritus



Jim Schneider, Program Director
WVCY-TV
3434 West Kilbourne Ave.
Milwaukee, WI 53208

December 28, 2005

RE: Request for assistance with Closed Captioning.

Dear Mr. Schneider,

The Federal Communications Commission (FCC) is responsible for implementing a law that requires all television programmers to implement closed captioning on each program for the assistance of the hearing impaired (closed captioning requirements under Section 79.1 of the Commission's rules, 47 C.F.R. & 79.1).

As you know, Thy Kingdom Come, Inc., ministries produces a weekly television program called Prophecy Watch.

The cost of providing closed captioning would cause sufficient financial hardship to force us off of the air, unless we can raise the additional funds to cover the cost. A survey of the closed captioning services available indicates that it will cost us about \$350 per program, or an additional \$18,200 per year for the 52-weekly programs.

Do you have in-place a program to assist us with the technical provision of closed captioning, or a funding source to assist your programmers? If so, we are formally requesting your assistance.

I would appreciate your prompt response since we are under a tight time-line to respond to the FCC. I am very grateful for your kind consideration of the request.

Respectfully yours,

Phillip Goodman, president
tkc@prophecywatch.com
918-835-6978
Thy Kingdom Come, Inc.
7301 E. 14th St.
Tulsa, OK 74112

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Thy Kingdom Come, Inc. and **Prophecy Watch** Television

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Phillip Goodman, President

Dr. Charles L. Pack, Founder and President Emeritus



Bill Paddock
KWHB-TV 47
8835 S. Memorial
Tulsa, OK 74133

December 28, 2005

RE: Request for assistance with Closed Captioning.

Dear Mr. Paddock,

The Federal Communications Commission (FCC) is responsible for implementing a law that requires all television programmers to implement closed captioning on each program for the assistance of the hearing impaired (closed captioning requirements under Section 79.1 of the Commission's rules, 47 C.F.R. & 79.1).

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Respectfully yours,

Phillip Goodman, president
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Thy Kingdom Come, Inc. and **Prophecy Watch** Television

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Phillip Goodman, President

Dr. Charles L. Pack, Founder and President Emeritus



Cathy Johnson
Sky Angel Television
3050 North Horseshoe Drive, Suite 290
Naples, FL 34104

December 28, 2005

RE: Request for assistance with Closed Captioning.

Dear Mrs. Johnson,

The Federal Communications Commission (FCC) is responsible for implementing a law that requires all television programmers to implement closed captioning on each program for the assistance of the hearing impaired (closed captioning requirements under Section 79.1 of the Commission's rules, 47 C.F.R. & 79.1).

As you know, Thy Kingdom Come, Inc., ministries produces a weekly television program called Prophecy Watch.

The cost of providing closed captioning would cause sufficient financial hardship to force us off of the air, unless we can raise the additional funds to cover the cost. A survey of the closed captioning services available indicates that it will cost us about \$350 per program, or an additional \$18,200 per year for the 52-weekly programs.

Do you have in-place a program to assist us with the technical provision of closed captioning, or a funding source to assist your programmers? If so, we are formally requesting your assistance.

I would appreciate your prompt response since we are under a tight time-line to respond to the FCC. I am very grateful for your kind consideration of the request.

Respectfully yours,

Phillip Goodman, president
tkc@prophecywatch.com
918-835-6978
Thy Kingdom Come, Inc.
7301 E. 14th St.
Tulsa, OK 74112

Watch the Prophecy Watch Television program with hosts Dr. Charles L. Pack and Phillip Goodman
Mondays, 4:30 EST at Angel One on the Sky Angel satellite system *anywhere in the U.S.!*
Tulsa—Sundays, 7:30 pm, Cable 7/Channel 47 Milwaukee—Saturdays 8 pm, Mondays 11:30 pm, Channel 30
Worldwide: www.prophecywatch.com and The Prophecy Channel www.prophecyinthenews.com

Thy Kingdom Come, Inc. and *Prophecy Watch* Television

7301 E. 14th St. Tulsa, OK 74112; tkc@prophecywatch.com www.prophecywatch.com 918-835-6978 Fax—918-835-6978

Phillip Goodman, President

Dr. Charles L. Pack, Founder and President Emeritus



Brian Santee, President
Visions & Voices
7606 S. Maplewood Ave.
Tulsa, OK 74136

December 28, 2005

RE: Request for assistance with Closed Captioning.

Dear Mr. Santee,

The Federal Communications Commission (FCC) is responsible for implementing a law that requires all television programmers to implement closed captioning on each program for the assistance of the hearing impaired (closed captioning requirements under Section 79.1 of the Commission's rules, 47 C.F.R. & 79.1).

As you know, Thy Kingdom Come, Inc., ministries produces a weekly television program called Prophecy Watch.

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7301 E. 14th St. Tulsa, OK 74112; tkc@prophecywatch.com www.prophecywatch.com 918-835-6978 Fax—918-835-6978

Phillip Goodman, President

Dr. Charles L. Pack, Founder and President Emeritus



Gary Murphy, CEO
New Day Media
8282 South Memorial, Suite 102
Tulsa, Ok 74133

December 28, 2005

RE: Request for assistance with Closed Captioning.

Dear Mr. Murphy,

The Federal Communications Commission (FCC) is responsible for implementing a law that requires all television programmers to implement closed captioning on each program for the assistance of the hearing impaired (closed captioning requirements under Section 79.1 of the Commission's rules, 47 C.F.R. & 79.1).

As you know, Thy Kingdom Come, Inc., ministries produces a weekly television program called Prophecy Watch.

The cost of providing closed captioning would cause sufficient financial hardship to force us off of the air, unless we can raise the additional funds to cover the cost. A survey of the closed captioning services available indicates that it will cost us about \$350 per program, or an additional \$18,200 per year for the 52-weekly programs.

Do you have in-place a program to assist us with the technical provision of closed captioning, or a funding source to assist your programmers? If so, we are formally requesting your assistance.

I would appreciate your prompt response since we are under a tight time-line to respond to the FCC. I am very grateful for your kind consideration of the request.

Respectfully yours,

Phillip Goodman, president
tkc@prophecywatch.com
918-835-6978
Thy Kingdom Come, Inc.
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Worldwide: www.prophecywatch.com and The Prophecy Channel www.prophecyinthenews.com

VCY America, Inc.

3434 West Kilbourn Avenue
Milwaukee, WI 53208

January 9, 2006

Phillip Goodman, President
Thy Kingdom Come, Inc.
7301 E. 14th St
Tulsa, OK 74112

Dear Mr. Goodman,

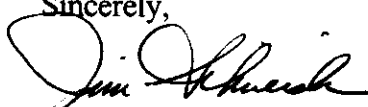
This past week we received your letter requesting assistance in implenting closed captioning for your broadcast. I did review this matter with our Vice President and General Manager.

Please be advised that WVCY-TV does not have funding resources available to assist you with your request. As you know WVCY-TV is already subsidizing the vast majority of your airtime expense on our station.

In addition, we are also faced with several critical financial needs as we are having to fulfill the FCC mandate to be at full digital power this summer. We have great financial need at WVCY-TV to see this project completed and are trusting for the Lord's provision to meet the required dealines.

Please know that there are waivers to the closed captioning rules and regulations. You may want to review these to see if you meet any to quality for an exemption.

Sincerely,



Jim Schneider
Program Director



Marketing & Advertising
Graphic Design
Media Placement
Broadcast Production
Web Design & Hosting
Closed Captioning

www.newdaymedia.com
p (918) 250-4588 f (918) 294-1186
8282 South Memorial, Suite 102
Tulsa, Oklahoma 74133

Phillip Goodman, president
Thy Kingdom Come, Inc.
7301 E. 14th St.
Tulsa, OK 74112

Dear Mr. Goodman,

I received your letter today asking for funding for your closed captioning program. Regretfully, at this time we have no programs in-place to assist you. I apologize that I cannot be of more help to you.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary Murphy", is written over the typed name.

Gary Murphy, CEO
New Day Media

Trustee Minutes

Minutes

The Board Of Trustees, Thy Kingdom Come, Inc.
Annual Meeting, September 10, 2005

page 2

1. Meeting Called to Order:

Phillip Goodman called the meeting to order at 10 am, September 10, 2005.

Trustees in attendance were Dr. Charles L. Pack, Del Boos, Bob Fisher, Mike Henry, and Phillip Goodman, sufficient for a quorum according to the By-Laws. Absent were Alton Harrison, Perry Watson, Harold Bradford, Mick Goodell, and Tom Brock.

Del Boos opened the meeting with prayer. Pastor Pack read the Scripture passage.

Because of time limitations on the availability of the trustees, Phillip announced he would skip the 911 Memorial presentation on Power Point (the fifth anniversary of 911) and would simply ask that all of the members keep this time in reverential memory.

2. Approval of Minutes:

Phillip asked if all of the members had read the 2004 Annual Trustees Meeting Minutes previously submitted to them.

Board Action: Upon affirmation, Del Boos move for approval, Mike Henry seconded. On roll call vote, approval was unanimous.

3. "President Emeritus" title conferred on Dr. Pack.

The following recommendation was submitted by Phillip Goodman.

The Board Of Trustees wishes to confer upon Dr. Charles L. Pack, the founder and retired president of Thy Kingdom Come, Inc., the title of "President Emeritus" in honor of his thirty five years of service to Thy Kingdom Come ministries. The President Emeritus shall serve ex-officio to lend the honor and respect of his office to the promotion of the Gospel of Jesus Christ through Thy Kingdom Come ministries

Board Action: Bob Fisher moved to accept the recommendation. Del Boos seconded the motion. On roll call vote, approval was unanimous.

4. Election of the officers of Thy Kingdom Come, Inc.

The following recommendation was submitted by Phillip Goodman.

The Board, in accordance with Article V, Section 1, shall elect the officers of Thy Kingdom Come.

Board Action: Charles Pack moved that Phillip Goodman, currently the vice president, be elected as the President and Treasurer, effective immediately, of Thy Kingdom Come, Inc. He stated that it had been his desire to select and train a successor to himself at the ministry, and that is why he recruited Phillip Goodman to join by the merger of their ministries in January of 2000. Phillip Goodman further moved that Marialice Worden fill the role of Secretary, and that

the office of vice president not be filled at this present time. Bob Fisher seconded both motions. On roll call vote, approval was unanimous.

5. GDAs and investments dedicated to repayment of Pack loans.

The following recommendation was submitted by Phillip Goodman.

All investments accruing to the benefit of Thy Kingdom Come from the Edward Jones account shall be applied to repayment on the non-interest GDAs of Charles and Dian Pack. This is in addition to the monthly GDA payment of \$625 per month devoted to their house payment as previously approved by the Board. These payments should continue as long as both or either shall live. Should both Dr. and Mrs. Pack be deceased, and Phillip Goodman be the president of Thy Kingdom Come, Inc., then any remaining balance of the loan would be forgiven in accordance with their written statement as follows, which is recorded and signed on the backside of each GDA:

(This is the note that is posted, signed and notarized on the backside of each GDA)

Addendum to G.D.A. #

In the event of the deaths of BOTH Charles and Dian Pack, and that Mr. Phillip Goodman is then President of Thy Kingdom Come, Inc., (it is understood that Mr. Goodman becomes President of Thy Kingdom Come, Inc., at the point Charles Pack resigns, is incapacitated, or dies) this G. D. A. will be canceled in favor of Thy Kingdom Come, Inc. Otherwise, upon the Pack's death it will go to their estate.

Signed: _____

(Charles L. Pack)

Date of Signature: _____

Signed: _____

(Dian Pack)

Date of Signature: _____

Approved and recorded in the Minutes of the Board of Trustees for Thy King-

dom Come, Inc., on October 9, 2004.

Notarized: _____

Date of Notary: _____

Board Action: Del Boos moved to accept the recommendation. Mike Henry seconded the motion. On roll call vote, approval was unanimous.

6. GDAs and investments dedicated to repayment of Pack loans.

The following recommendation was submitted by Phillip Goodman.

Trustees be appointed to fill the vacancies in the rotating schedule for the years 2004 and 2005. This will permit us to keep the staggered schedule specified in our By-Laws. According to the rotating Trustee Schedule, Perry Watson's position expired and must be filled.

Board Action: Phillip Goodman expressed the desire to try and fill the position with someone closer to Tulsa for the convenience of conducting the business of the ministry. He recommended Ralph Chappell, who helped often with the transportation, finances, and book tables at the Annual Conference and the guest-speaker conferences. Del Boos moved to accept the recommendation. Bob Fisher seconded the motion. On roll call vote, approval was unanimous.

7. Financial and Program Reports.

Phillip Goodman gave a summary of the year's activities and financial posture.

8. Adjournment.

The meeting was adjourned with prayer by Bob Fisher at 12:15 a.m.

Respectfully submitted,



Phillip Goodman

President

September 12, 2005

Form 990

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2004**Open to Public Inspection****A** For the 2004 calendar year, or tax year beginning **MAY 1**, 2004, and ending **APRIL 30**, 2005**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

THY KINGDOM COME INC

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

7301 E 14TH ST

City or town, state or country, and ZIP + 4

TULSA OK 74112-6707

D Employer identification number

73 0976915

E Telephone number

()

F Accounting method: ☒ Cash ☐ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**G** Website: ▶ <http://www.thykingdomcometulsa.com>**J** Organization type (check only one) ▶ ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ▶ ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 249182**I** Group Exemption Number ▶**M** Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	225105	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 225104 noncash \$)	1d	225104	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5	4373	
	6a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ▶)	7			
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	5103	8a
	b Less: cost or other basis and sales expenses		4988	8b
	c Gain or (loss) (attach schedule)		115	8c
	d Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
	9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>			
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a Gross sales of inventory, less returns and allowances	10a	14602	
	b Less: cost of goods sold	10b	6147	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	8455		
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	238047		
Expenses	13 Program services (from line 44, column (B))	13	191482	
	14 Management and general (from line 44, column (C))	14	15951	
	15 Fundraising (from line 44, column (D))	15	31632	
	16 Payments to affiliates (attach schedule)	16	0	
	17 Total expenses (add lines 16 and 44, column (A))	17	239065	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-1018	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	-180950	
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-181968	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	54224	48000	1706	
26	Other salaries and wages	26	37342	26692	7539	
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	8535	6849	975	
30	Professional fundraising fees	30			711	
31	Accounting fees	31	1495	1196	299	
32	Legal fees	32	195	156	39	
33	Supplies	33	2642	2148	494	
34	Telephone	34	1516	1218	301	
35	Postage and shipping	35	7082	5666	1416	
36	Occupancy	36	3743	2994	749	
37	Equipment rental and maintenance	37	3062	2456	606	
38	Printing and publications	38	61673	61673		
39	Travel INSURANCE	39	17723	17113	610	
40	Conferences, conventions, and meetings	40	24772	1480		
41	Interest	41	1783	1783		
42	Depreciation, depletion, etc. (attach schedule)	42	3853	3082	771	
43	Other expenses not covered above (itemize): a . . . SUBS	43a	90	90		
	b LITERATURE & TAPES	43b	4869	4869		
	c LABOR/OUTSIDE SVC.	43c	1745	1745		
	d MEALS/ENTERTAINMENT	43d	489	489		
	e BANK & CREDIT CARD FEES	43e	2232	1786	446	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 .	44	239065	191482	15951	31632

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? TEACHING BIBLE PROPHECY		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	6000 PRINTINGS OF PROPHETIC PUBLICATIONS & PROPHETIC WRITINGS- 3016 PROPHETIC CONFERENCE ATTENDEES-WEBSITE-TV PROGRAM TO ANSWER QUESTIONS & EXPLAIN BIBLE PROPHECY (Grants and allocations \$ _____)	191482
b	_____ _____ (Grants and allocations \$ _____)	
c	_____ _____ (Grants and allocations \$ _____)	
d	_____ _____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	191482

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	15407	45	17620
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a	47c	
	b Less: allowance for doubtful accounts	47b		
	48a Pledges receivable	48a	48c	
	b Less: allowance for doubtful accounts	48b		
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a	51c	
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use	6862	52	6466
	53 Prepaid expenses and deferred charges		53	
	54 Investments—securities (attach schedule) <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	176782	54	135017
	55a Investments—land, buildings, and equipment: basis	55a	55c	
	b Less: accumulated depreciation (attach schedule)	55b		
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 118528	57c		
b Less: accumulated depreciation (attach schedule)	57b 95284			
58 Other assets (describe ►)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	222765	59	182347	
Liabilities	60 Accounts payable and accrued expenses	76115	60	51215
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	316600	64b	302100
	65 Other liabilities (describe ►)	11000	65	11000
66 Total liabilities (add lines 60 through 65)	403715	66	364315	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		67	
	67 Unrestricted			
	68 Temporarily restricted			
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.		70	
	70 Capital stock, trust principal, or current funds			
	71 Paid-in or capital surplus, or land, building, and equipment fund			
	72 Retained-earnings, endowment, accumulated income, or other funds	-180950		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	-180950	73	-181968
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	222765	74	182347	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a Total revenue, gains, and other support per audited financial statements . . . ▶	a 238047
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments . . . \$	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants . . . \$	
(4) Other (specify):	
\$	
Add amounts on lines (1) through (4) ▶	b 0
c Line a minus line b ▶	c 238047
d Amounts included on line 12, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990. . . \$	
(2) Other (specify):	
\$	
Add amounts on lines (1) and (2) ▶	d 0
e Total revenue per line 12, Form 990 (line c plus line d). ▶	e 238047

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements . . . ▶	a 239065
b Amounts included on line a but not on line 17, Form 990:	
(1) Donated services and use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990. \$	
(3) Losses reported on line 20, Form 990. . . \$	
(4) Other (specify):	
\$	
Add amounts on lines (1) through (4) ▶	b 0
c Line a minus line b ▶	c 239065
d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 . . . \$	
(2) Other (specify):	
\$	
Add amounts on lines (1) and (2) ▶	d 0
e Total expenses per line 17, Form 990 (line c plus line d). ▶	e 239065

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CHARLES PACK 13211 E 46 ST TULSA OK	PRESIDENT-RETIRED	18224	0	0
PHILLIP GOODMAN 205 W 34 PL SAND SPRINGS OK	ACTING PRESIDENT 100%	36000	0	0
HAROLD BRADFORD RT 1 BOX 317 TERLTON OK	TRUSTEE NONE			
DELBERT BOOS 3772 S 90th E AVE TULSA OK	TRUSTEE NONE			
TOM BROCK 10647 E 1st CLAREMORE OK	TRUSTEE NONE			
ROBERT FISHER 10167 E 23rd ST TULSA OK	TRUSTEE NONE			
MICHAEL GOODELL 1581 N LAKESIDE RIDGE SANDSPRINGSOK	TRUSTEE NONE			
ALTON HARRISON 708 BROADMOOR DR MOUNTAINHOME AR	TRUSTEE NONE			
MICHAEL HENRY 3655 S LEWIS TULSA OK	TRUSTEE NONE			
PERRY WATSON 1101 MURRAY CREEK LN FRANKLIN TN	TRUSTEE NONE			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . If "Yes," attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . .		X
b	If "Yes," enter the name of the organization ► and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . .	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members.	85c	
d	Section 162(e) lobbying and political expenditures.	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed ► OKLAHOMA		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) [90b] 8		
91	The books are in care of ► C.A.T.S. INC. Telephone no. ► (918) 838-2051 Located at ► 6346 E. 4th ST. TULSA, OK ZIP + 4 ► 74112-1706		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:		Business code	Amount	Exclusion code	Amount	Income
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities			14	4373	
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory			18	115	
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory	445200	8455			
103	Other revenue: a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		8455		4488	
105	Total (add line 104, columns (B), (D), and (E))					12943

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please
Sign
Here**

Signature of officer

Date _____

Type or print name and title.

Paid
Preparer's
Use Only

Preparer's
signature

Firm's name (or yours
if self-employed),
address, and ZIP + 4

Aletia Knapp
 C.A.T.S. INC.
 6346 E 4th ST

Date _____

9-9-05

Check if self-employed ☐

Preparer's SSN or PTIN (See Gen. Inst. W)

P00030648

EIN	▶ 73 : 1406536
-----	----------------

Phone no. ► (918) 838-2051

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

THY KINGDOM COME INC

Employer identification number

73 : 0976915

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.)

1

X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a Sale, exchange, or leasing of property?
- b Lending of money or other extension of credit?
- c Furnishing of goods, services, or facilities?
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?
- e Transfer of any part of its income or assets? SEE PART V, FORM 990

2a X

2b X

2c X

2d X

2e X

- 3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

- b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

- b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
5 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	201273	145420	122644	105383	574720
6 Membership fees received					
7 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	35550	33219	42712	56903	168384
8 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4010	5314	6586	8216	24126
9 Net income from unrelated business activities not included in line 18.	8763	22058	33109	35247	99177
10 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
11 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
12 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
13 Total of lines 15 through 22	249596	206011	205051	205749	866407
14 Line 23 minus line 17	214046	172792	162339	148846	698023
15 Enter 1% of line 23	2496	2060	2051	2057	
16 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					13960
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					155548
c Total support for section 509(a)(1) test: Enter line 24, column (e)					698023
d Add: Amounts from column (e) for lines: 18 24126 19 99177 22 0 26b 155548					278851
e Public support (line 26c minus line 26d total)					419172
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					60 %
17 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
18 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41).	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(li) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible][illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **►**

☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

THY KINGDOM COME INC

Employer identification number

73 0976915

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33⅓% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

THY KINGDOM COME INC

Employer identification number

73 : 0976915

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HARRY HINES TRADING CO P O BOX 470366 TULSA OK 74147	\$ 22000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	STANFORD LANE 6991 S OSWEGO TULSA OK 74136	\$ 5000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	LORRAINE PAULUS 11600 RANCHITOS ROAD N.E. ALBUQUERQUE NM 87122	\$ 10000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CHARLES PACK 13211 E 46th ST TULSA OK 74134	\$ 12677	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	GEORGE SANDERS 2026 WILMA ST FT MYERS FL 33901	\$ 5000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2004Attachment
Sequence No. **67**

Name(s) shown on return

THE KINGDOM COME INC

▶ See separate instructions.

▶ Attach to your tax return.

Business or activity to which this form relates

FORM 990

Identifying number
73-0976915**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	\$102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$410,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	1691
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	1830
18	If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		1583	5YR	HY	200DB	317
b 5-year property		108	7YR	HY	200DB	15
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs.		S/L	
c 40-year		40 yrs.	MM	S/L	

Part IV Summary (see page 8 of the instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	3853
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2004)

THY KINGDOM COME, INC.
ATTACHMENT TO FORM 990
FYE 4-30-05

73-0976915

PAGE 3, PART IV, LINE 54, INVESTMENTS:

EDWARD JONES & CO \$135,016.95

TOTAL INVESTMENTS \$135,016.95

PAGE 3, LINE 64, NOTES PAYABLE-INDIVIDUAL (GDA):

MRS. S.C. BUEHRENS	\$1,000.00
JUANITA BURENHEIDE	\$10,000.00
LLOYD HAYES	\$9,000.00
RALPH HODDE	\$1,000.00
ROBERT HOWARD	\$6,600.00
ALMA LEHMAN	\$1,000.00
FLOYD MILLER	\$1,000.00
MARGARET NELSON	\$40,000.00
VERA OVERALL	\$1,000.00
CHARLES PACK	\$231,500.00

TOTAL NOTES PAYABLE \$302,100.00

PAGE 3, LINE 65, ANNUITIES PAYABLE:

JUANITA BURENHEIDE	\$10,000.00
DAISY STEIN	\$1,000.00

TOTAL ANNUITIES PAYABLE \$11,000.00

PAGE 1, LINE 8:
SALE OF ASSETS

	BASIS	SELL PRICE	DIFF
GALLAGHER	\$3,454.10	\$3,548.78	\$94.68
STRUCTURED MTG	\$979.33	\$1,000.00	\$20.67
FED NATL MTG PRIN	\$554.15	\$554.15	
TOTALS	\$4,987.58	\$5,102.93	\$115.35

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

Department of the Treasury
Internal Revenue ServiceFor calendar year 2004 or other tax year beginning MAY 1, 2004, and ending APR. 30, 2005.
▶ See separate instructions.**2004**

<input type="checkbox"/> Check box if address changed <input checked="" type="checkbox"/> Exempt under section 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Please Print or Type Name of organization (<input type="checkbox"/> check box if name changed and see instructions) THY KINGDOM COME INC Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.) 7301 E 14th ST City or town, state, and ZIP code TULSA OK 74112	D Employer identification number (Employees' trust, see instructions for Block D on page 7.) 73 : 0976915
C Book value of all assets at end of year 182347			E New unrelated bus. activity codes (See instructions for Block E on page 7.) 445200 :
F Group exemption number (see instructions for Block F on page 7) ▶		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	
H Describe the organization's primary unrelated business activity. ▶ SALE OF HEALTH DRINK			
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶			
J The books are in care of ▶ C.A.T.S. INC 6346 E 4th ST TULSA Telephone number ▶ (918) 838-2051			

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 14602	1c 14602		
b Less returns and allowances	2 6147		
3 Cost of goods sold (Schedule A, line 7)	3 8455		
4 Gross profit (subtract line 2 from line 1c)	4a		
4a Capital gain net income (attach Schedule D)	4b		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4c		
c Capital loss deduction for trusts	5		
5 Income (loss) from partnerships and S corporations (attach statement)	6		
6 Rent income (Schedule C)	7		
7 Unrelated debt-financed income (Schedule E)	8		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	9		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	10		
10 Exploited exempt activity income (Schedule I)	11		
11 Advertising income (Schedule J)	12		
12 Other income (see page 9 of the instructions—attach schedule)	13 8455		8455
13 Total (combine lines 3 through 12)			

Part II Deductions Not Taken Elsewhere (See page 9 of the instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	6065
16 Repairs and maintenance	16	10
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	652
20 Charitable contributions (see page 11 of the instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	106
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 106
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	1584
29 Total deductions (add lines 14 through 28)	29	8417
30 Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)	30	38
31 Net operating loss deduction	31	21478
32 Unrelated business taxable income before specific deduction (subtract line 31 from line 30)	32	-21440
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1000
34 Unrelated business taxable income (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32.	34	0

Part III Tax Computation

35 Organizations Taxable as Corporations (see instructions for tax computation on page 12). Controlled group members (sections 1561 and 1563)—check here <input type="checkbox"/> . See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1)	\$	(2)	\$
(3)	\$		
b	Enter organization's share of: (1) additional 5% tax (not more than \$11,750)	\$	
	(2) additional 3% tax (not more than \$100,000)	\$	
c	Income tax on the amount on line 34	35c	0
36 Trusts Taxable at Trust Rates (see instructions for tax computation on page 13). Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).		36	
37 Proxy tax (see page 13 of the instructions)		37	
38 Alternative minimum tax		38	
39 Total (add lines 37 and 38 to line 35c or 36, whichever applies)		39	0

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see page 14 of the instructions)	40b		
c General business credit—Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits (add lines 40a through 40d)	40e		0
41 Subtract line 40e from line 39	41		
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42		
43 Total tax (add lines 41 and 42)	43		0
44a Payments: A 2003 overpayment credited to 2004	44a		
b 2004 estimated tax payments	44b		
c Tax deposited with Form 8868	44c		
d Foreign organizations—Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	44f		
45 Total payments (add lines 44a through 44f)	45		
46 Estimated tax penalty (see page 4 of the instructions). Check <input type="checkbox"/> if Form 2220 is attached	46		
47 Tax due —If line 45 is less than the total of lines 43 and 46, enter amount owed	47		0
48 Overpayment —If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48		0
49 Enter the amount of line 48 you want: Credited to 2005 estimated tax ▶ Refunded ▶	49		0

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 15.)

1 At any time during the 2004 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If "Yes," the organization may have to file Form TD F 90-22.1. If "Yes," enter the name of the foreign country here ▶		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	Yes	No
If "Yes," see page 15 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

Schedule A—Cost of Goods Sold — Enter method of inventory valuation ▶ **COST**

1 Inventory at beginning of year	1	1331	6 Inventory at end of year	6	935
2 Purchases	2	5751	7 Cost of goods sold. Subtract line 6 from line 5. (Enter here and on line 2, Part I.)	7	6147
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				X
b Other costs (attach schedule)	4b				
5 Total —Add lines 1 through 4b	5	7082			

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
----------------------	------	-------	---

Paid Preparer's Use Only	Preparer's signature <i>Alvin Knap</i>	Date 9/5/05	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN P00030648
	Firm's name (or yours if self-employed), address, and ZIP code C.A.T.S. INC. 6346 E 4th ST TULSA OK 74112	EIN 73: 1406536	Phone no. (918) 838-2051	

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(See instructions on page 16.)

1 Description of property

(1)	
(2)	
(3)	
(4)	

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (A), Part I, page 1.) ▶

Total deductions. Enter here and on line 6, column (B), Part I, page 1. ▶

Schedule E—Unrelated Debt-Financed Income (See instructions on page 17.)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on line 7, column (A), Part I, page 1.	Enter here and on line 7, column (B), Part I, page 1.

Totals. ▶

Total dividends-received deductions included in column 8 ▶

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 18.)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on line 8, Column (A), Part I, page 1.	Add columns 6 and 11. Enter here and on line 8, Column (B), Part I, page 1.

Totals ▶

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization

(See instructions on page 18.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on line 9, column (A), Part I, page 1.			Enter here and on line 9, column (B), Part I, page 1.

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income

(See instructions on page 18.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on line 10, col. (A), Part I, page 1.	Enter here and on line 10, col. (B), Part I, page 1.				Enter here and on line 26, Part II, page 1.

Schedule J—Advertising Income (See instructions on page 19.)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	Enter here and on line 11, col. (A), Part I, page 1.	Enter here and on line 11, col. (B), Part I, page 1.				Enter here and on line 27, Part II, page 1.
Totals, Part II (lines 1-5)						

Schedule K—Compensation of Officers, Directors, and Trustees (See instructions on page 19.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total—Enter here and on line 14, Part II, page 1			

THY KINGDOM COME, INC. 73-0976915
ATTACHMENT TO FORM 990-T
FYE 4-30-05

OTHER DEDUCTIONS, PAGE 1, LINE 28:

OFFICE	\$8.00
UTILITIES	\$142.00
POSTAGE/FREIGHT	\$213.00
BANK/CREDIT CARD FEES	\$848.00
EQUIPMENT RENT	\$82.00
PROFESSIONAL	\$20.00
SECURITY	\$12.00
SPEAKERS	\$207.00
LABOR	\$52.00
TOTAL DEDUCTIONS	\$1,584.00

NET OPERATING LOSS		BALANCE	
1998	(4-30-99)	\$3,095.00	
1999	(4-30-00)	(\$1,776.00)	\$1,319.00
2000	(4-30-01)	(\$1,013.00)	\$306.00
2001	(4-30-02)	\$1,799.00	\$2,105.00
2002	(4-30-03)	(\$9,610.00)	(\$7,505.00)
2003	(4-30-04)	(\$13,973.00)	(\$21,478.00)
2004	(4-30-05)	\$38.00	(\$21,440.00)
NOL CARRYOVER TO 2005		(\$21,440.00)	